Department of Disabilities, Aging and Independent Living

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330

August 9, 2017

Deb Choma, Manager Shard Villa 1177 Shard Villa Road Salishury, VT 05769-9588

Dear Ms. Choma:

The Division of Licensing and Protection completed a Complaint Investigation at your facility on August 8, 2017. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN Licensing Chief

amlaMCotaRN



<u>Division of Licensing and Protection</u>				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	CONSTRUCTION	(X3) DATE SURVEY
AND I LAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED
	0152	B. WING _		00/00/0047
NAME OF PROVIDER OR SUPPLIER				08/08/2017
		ADDRESS, CITY, S F ARD VILLA RO		
SHARD VILLA		URY, VT 05769		
PRÉFIX (EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX . TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
R100 Initial Comments:		R100		
conducted an una investigation in co	censing and Protection nnounced onsite complaint njunction with a relicensure There were no regulatory ult.			
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE